

STATE OF MONTANA
DEPARTMENT OF LABOR & INDUSTRY
EMPLOYMENT RELATIONS DIVISION – WAGE & HOUR UNIT
PO BOX 6518
HELENA MT 59604-6518

RESPONDENT'S ANSWER TO WAGE CLAIM

PLEASE PRINT OR TYPE

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY – PLEASE DO NOT LEAVE ANY BLANK SPACES

CLAIMANT:_____

WHAT IS THE NAME AND ADDRESS OF BUSINESS:

NAME:_____

ADDRESS:_____

CITY/STATE/ZIPCODE:_____

PHONE:_____ CELL PHONE:_____ FAX NO:_____

FEDERAL ID #:_____

CONTRACTOR REGISTRATION NO. (IF APPLICABLE):_____

IS BUSINESS INCORPORATED? YES _____ NO _____ IN WHAT STATE _____

IF YES, WHAT IS THE LEGAL CORPORATE NAME:_____

REGISTERED AGENT NAME: _____

ADDRESS FOR REGISTERED AGENT:_____

CITY/STATE/ZIPCODE:_____

PHONE:_____ CELL PHONE:_____ FAX NO: _____

IF BUSINESS IS NOT INCORPORATED, WHO IS THE OWNER:

NAME:_____

ADDRESS:_____

CITY/STATE/ZIPCODE:_____

PHONE:_____ CELL PHONE:_____ FAX NO: _____

IF BUSINESS IS A PARTNERSHIP, PLEASE LIST THE PARTNERS NAMES AND ADDRESSES:

LIST OTHER BUSINESS OPERATED BY CORPORATION OR OWNER:

(OVER)

TO DETERMINE JURISDICTION:

DID THE BUSINESS' GROSS ANNUAL SALES FOR THE PREVIOUS YEAR EXCEED \$500,000? YES _____ NO _____
IF NO, WAS IT LESS THAN \$110,000? YES _____ NO _____

DID THE CLAIMANT DEAL IN INTERSTATE COMMERCE? (SUCH AS INDIVIDUALS INVOLVED IN INTERSTATE TRUCKING, CREDIT CARDS TRANSACTIONS, MAIL AND/OR TELEPHONE TRANSACTIONS WITH OTHER STATES) YES _____ NO _____

IS THE BUSINESS STILL OPERATING? YES _____ NO _____

CLAIMANT'S STARTING DATE: _____

LAST DATE OF EMPLOYMENT: _____

LENGTH OF PAY PERIOD: _____

DAY YOUR WORKWEEK BEGINS: _____

WHAT WAS THE AGREED UPON RATE OF PAY? HOURLY _____ WEEKLY _____
OTHER: _____

WAS THIS AGREEMENT: ORAL _____ WRITTEN _____ IF WRITTEN, SUBMIT A COPY OF THE AGREEMENT

DOES THE CLAIMANT OWE FOR ANY GOODS OR SERVICES PURCHASED OR CASH ADVANCES AGAINST WAGES? YES _____ NO _____ IF SO HOW MUCH? _____

HAS THE CLAIMANT BEEN PAID ANY OF THE WAGES IN QUESTION? YES _____ NO _____
IF YES, INDICATE GROSS AMOUNT PAID: _____ DATE PAID: _____
CASH? _____ CHECK NO.? _____
OTHER (EXPLAIN): _____

WHAT GROSS AMOUNT DO YOU ACKNOWLEDGE IS OWED TO THE CLAIMANT? _____

STATE YOUR REASON IN DETAIL FOR NOT PAYING THE AMOUNT ALLEGED BY THE CLAIMANT:
ALSO ATTACH ANY ADDITIONAL INFORMATION YOU FEEL IS NECESSARY FOR US TO RESOLVE THE CLAIM:

DATE PLEASE PRINT NAME/TITLE SIGNATURE

REMEMBER
IT IS IMPORTANT YOU RESPOND TO THE ENCLOSED LETTER
OR PAY THE CLAIM BY THE DATE SPECIFIED.